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** CONTINUING DATA *****

This application is a CON of 09/917,660 07/31/2001 PAT 6,743,260
 which is a CIP of 09/742,077 12/22/2000 PAT 6,443,995 *OK AS*.

** FOREIGN APPLICATIONS *****

none AS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 14	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>AS</i>				
Verified and Acknowledged	Examiner's Signature	Initials		

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TITLE

Prosthetic foot

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input checked="" type="checkbox"/> All Fees
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